Keeping the Promise of TRICARE Prime

The Health Care Monitor

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TRICARE

TRICARE Northwest

Madigan re-designated as level II trauma center

By: Sharon Ayala
MAMC Public Affairs

Madigan Army Medical Center was recently redesignated as a level II Trauma Center by Washington State's Department of Health.

The designation means that Madigan continues to be held to the highest standards in the field of trauma care.

By law, every three years, trauma designated hospitals must submit an application and then pass an on-site inspection before a redesignation can occur.

The one-day inspection took place on May 23, and was conducted by an out-of-state trauma surgeon and trauma nurse and an official from the Washington State Department of Health.

Madigan was originally designated as a level II trauma center in 1999. From 1995 to 1999, Madigan served as an unofficial trauma center following the closures of two local hospitals' trauma rooms.

"We're delighted to receive our revalidation in trauma care," said Col. Virgil Deal, Madigan Commander. "This has always been a core competency for the U.S. Army Medical Department and we're delighted to be able to share those skills in providing care for our neighbors in the South Puget Sound area when called upon."

Medical evacuation crews perfect their skills in peacetime so that in combat they're ready to save lives of wounded soldiers. *(U.S. Army Medical Department photo)*

Linda Casey, who is Madigan's trauma nurse coordinator added, "This designation also means the staff is qualified and that we have the policies and procedures in place to care for the very critically ill trauma patients who come through the door."

To prepare staff members for the

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Naval Hospital Bremerton hosts symposium

By: Judith Robertson
Naval Hospital Bremerton PAO

NAVAL HOSPITAL BREMERTON -- The 9th Annual Pacific Northwest Independent Duty Corpsman Conference will be held October 8-10 from 7:00 a.m. to 4:00 p. m. at the Jackson Park Community Center.

Hosted by Naval Hospital Bremerton, the conference will include the following curriculum highlights: dermatology treatment and referral tips, antibiotic choices, and dental emergencies and treatment.

The conference will provide approximately 16 Continuing Education Units and feature several presentations. Cmdr. Robert Butler, MC, will speak on "Dermatology Treatment and When to Refer." "Dental Emergencies and How to Treat," will be presented by Cmdr. John Paul.

Independent Duty Corpsmen and Medics can reserve a seat at ackermand@pnw.med.navy.mil.

Other interested personnel may register and attend on a space available basis to earn the CEUs.

For more information contact Chief Hospital Corpsman (SW) Eli Fale at 360-475-4138 or by e-mail at falee@pnw.med.navy.mil.

The doctor can see you now...

By: Sara E. McGruder
Public Affairs Officer NHOH, NASWI

Naval Hospital Oak Harbor— Medical Team is pleased to announce the arrival of Capt. John L. Boone, Medical Corps. Boone is a Doctor of Otolaryngology and for non-medical folks like myself, that means ear, nose and throat surgeon (ENT).

Previously, all ENT appointments were managed by a Contract Provider who made a trip here once a month for 4-5 clinic days and more emergent cases were referred out to the network. With Boone on board, we are now in a position to expand our ENT services and provide more in-house ENT care to our community, therefore, affording NHOH to recapture those patients who were referred outside of the military Health care System for care.

Patients will benefit because they save money due to no co-pay, decreased travel expense, less time away from their family and less time away from the job.

Services will include but are not limited to: Tonsillectomies, Sinus surgery, septorhinoplasty and ENT emergencies (trauma).

Boone is a Diplomat of the American Board of Otolaryngology—Head and Neck Surgery (Board Certified). He graduated from University of Iowa School of Medicine in 1979. In 1989 Boone completed his residency at the Oakland Naval Hospital, California.

Boone will be published in the latest edition textbook 'Otolaryngology.' Boone's chapter is titled '**Infections of the Upper Respiratory Tract'** and will be published this Fall. Boone has also written and contributed three chapters to the Internet Medical textbook **'Emedicine.com'** and has written a research paper on treatment of "noise-induced hearing loss."

Boone said "I'm happy to be in the Northwest and I look forward to working at Naval Hospital Oak Harbor." Boone served as a Flight Surgeon with Patrol Squadron-Forty-Six(VP-46)from 1982-1984. Prior to arriving here he served at Naval Medical Center

JUNEAU, Alaska --A Coast Guard Air Station Sitka helicopter crew airlifts John Coors from the Coast Guard Cutter Mustang Aug. 12. Coors, of Gustavus, suffered extensive injuries after a falling tree hit him while hiking near Dundas Bay. (*USCG photo by Petty Officer Jorge M. Rullan*)

Annual Surgeon General's Best Business Practices/Innovative Ideas Poster

Gail Risk Screening Program Naval Hospital Bremerton,

By: Denise L. Lee
Navy Hospital Bremerton

The goal of this program is population health outreach. We hope to accomplish this by screening a large population of women for potential high risk factors of breast cancer based on The Breast Cancer Risk Assessment Tool that was developed by scientists at the National Cancer Institute and National Surgical Adjuvant Breast and Bowel Project. This is a computer program that is used to estimate a woman's chances of developing breast cancer based the following recognized risk factors:

- The woman's race
- Age
- Age of onset of menses
- Age of first live birth
- Number of first degree relatives (Mother, Sister or Daughters) with breast cancer
- Number of breast biopsies
- Were atypical cells found at time of biopsy?

Our patients are asked to provide us with their medical history, and include these six key risk factors.

The Breast Cancer Risk Assessment tool also provides information on the drug Tamoxifin and its ability to help prevent breast cancer. This data is gathered on these women at the time of their mammogram appointment. The patient is asked to fill out a breast questionnaire before her exam. The format of the form was changed several times during the course of setting up the program to eliminate questionable data, and reduce inaccurate results. The technologist needs to be both knowledgeable and precise. She must be able to generate accurate, reproducible results, and reliable information to the Primary Care Manager (PCM).

If the patient is confused when answering these questions, the technologist is available to help the patient complete the questionaire. The Gail Risk Score is calculated at the time of the exam, and the score is included in the patients' mammogram report.

At the time this report is reviewed by the PCM, options for patients and providers are available for those who want more information or detailed counseling. There is no absolute score for referral. Some PCMs refer any patient with a score of 1.7% or above. At the onset of this program, a class format was made available to these women at high risk. That was not successful probably because of the relatively small percentage of women in our population who are at high risk. Now they are referred either to the genetic counselor or to the Oncologist at Navy Hospital Bremerton. She may recommend a number of options to a woman at high risk for breast cancer. They might include:

Denise L. Lee conducts a routine check of a patient. *(photo by: Judith Robertson)*

- Genetic Testing
- Prophylactic surgery
- Chemo prevention
- Enhanced screening protocols
- Modification of other risk contributors including hormone replacement therapy, high fat diet, alcohol, and obesity

At this time, we have screened 1378 women. We have found that 15% of these women have a Gail Risk Score of 1.7% or above. Three percent of this same group has a Gail Risk Score above 3.1%.

Making sense of whether to use Hormone Replacement Therapy

By: **MAMC Women's Health**

The recent announcement of findings concerning the use of combination hormone replacement therapy (HRT) in the Women's Health Initiative (WHI) have many women questioning the continuation of such products. The WHI findings provide evidence that use of Prempro (an estrogen-progestin combination) increases breast cancer as well as cardiovascular disease events. The absolute risk of an adverse outcome for an individual woman is very small but call for clinicians and their patients to reevaluate individual reasons why HRT was prescribed and whether or not a particular patient should continue it.

The WHI findings do not apply to surgically menopausal women (those who have had both ovaries removed) or to perimenopausal women. Nor do these studies pertain to oral contraceptives (birth control pills) or to women taking estrogen alone. Again, medical management with a health care provider is the best guide to an individualized program of care.

Medical providers have been informed of several studies during the past few years substantiating the slightly increased risk for breast cancer in women using HRT as well as dispelling earlier touts of HRT decreasing the risk of certain cardiac events. A woman needs to keep in mind her own health status to include diet, exercise, and heredity in relation to breast cancer and cardiovascular disease and the positive effects of HRT on preventing osteoporosis and colon cancer.

We know that one of every eight or nine women will develop but ndie from breast cancer by the age of 80 whether they are using HRT or not. <u>All</u> women should begin regular mammogram screening and clinical breast examinations as directed by their health care provider. Monthly self-breast exams are still an important aspect of health care.

Women should be cautious in taking herbal or over-the-counter products containing hormones. Hormones are hormones regardless of the form and must be managed as such!

Appropriate medical responses to the conclusions of the WHI study include the following:

1) Traditional measures to prevent cardiovascular disease – smoking cessation, regular exercise, treatment of hypertension, maintenance of appropriate weight and treatment of high cholesterol).

2) Traditional measures to prevent osteoporosis – adequate calcium and vitamin D intake, smoking cessation, regular weight-bearing exercise. Assessment of bone mineral density of the spine and femur are considerations.

3) Increased focus on bisphosphonates and raloxifene and decreased use of HRT for treatment of low bone density in menopausal women with uterus.

4) Use of lubricants for intercourse and use of vaginal estrogen for symptomatic genital atrophy.

5) Appropriate breast surveillance.

The bottom line for women – establish and continue a good relationship with the health care provider to ensure a balanced, individualized plan to the management of menopause.

ILWACO, Wash. (Sept. 10) -- Local rescue workers recover an Air Force paratrooper's parachute while onboard a 23-foot search and rescue boat from Coast Guard Station Cape Disappointment. Paratroopers frequently train with the Coast Guard and are utilizedby the service during search and rescue missions. (*USCG photo by PA2 Jacquelyn Zettles*)

U S C O A S T G U A R D

Hospital administrator re-lives anxious moments of 9-11

By Judith Robertson
Naval Hospital Bremerton
Public Affairs Officer

We were all transfixed in front of our televisions Sept. 11, 2001 watching the unbelievable come true, but for one member of the Naval Hospital staff, what was taking place in New York that morning was hitting very close to home.

Lt.j.g. Glenda Hughes was so new to the Puget Sound area she was still in temporary housing without a TV. Moments before she was to leave for work, her phone rang. It was her mother in Coeur D'Alene, Idaho telling her about a plane crashing into one of the World Trade Center towers. The call was especially significant to Hughes because her brother worked in the WTC in building number seven.

Glenda related her younger brother's story.

Daniel, a Special Agent in the Secret Service, drove into work just as the first plane hit. Trained in first aid and basic life support, Daniel ran to his office and grabbed the triage kit. He went out into the area of the first tower, set up his triage station and began assisting the injured.

After the second plane hit Daniel took the time to call his parents and let them know he was OK.

Then the buildings came down.

By then Glenda was glued to the television in the hospital's executive conference room.

"I was shocked like everyone else," the health care administrator said, "We were watching on CNN or one of the news stations. We knew he was there and…"

Glenda stopped speaking, searching for words like many of us when we reflect on the images of that day.

"It was just the realization …just really having the feeling of not knowing if he was alive. After the buildings fell we didn't hear anything, so we didn't know. We knew he was there, and we knew he'd be trying to get people out."

Lt.j.g. Glenda Hughes, health care administrator at the Naval Hospital poses with younger brother Daniel, a Special Agent with the Secret Service, as he displays the Medal of Valor awarded him Aug. 20 at a ceremony in New York city. *(Hughes family photo)*

Daniel Hughes, Secret Service Special Agent, poses in front of his future workplace the World Trade Center, in 1999. Daniel is the younger brother of Lt.j.g. Glenda Hughes, a healthcare administrator at Naval Hospital Bremerton. *(Hughes family photo)*

This is a good news story. Glenda received another call from her mother four hours after the last building fell. Daniel was safe. He'd lost his shirt and did not know how, and sustained cuts and bruises to one arm, but he was alive.

What happened during those long hours of silence for the Hughes family, has since been recognized with the Medal of Valor, the highest award in Federal law enforcement.

"He got it for setting up the triage center," Glenda explained. "Daniel said that the South tower fell first covering them with debris, so they moved the triage sta tion. But then the second tower fell and he was so covered and trapped by the dust and debris he couldn't breathe."

Daniel broke through a storefront and guided others inside so they could find cleaner air. It was then, Glenda reported, that Daniel received a message on his pager ordering him out of the area.

"He wouldn't have left the scene if he hadn't been ordered," she said.

Daniel led four to six others through the building and out into harbor area. There, after a debriefing session, he was able to catch a ferry to safety.

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Later in the evening, WTC, building 7, that housed the New York field office of the Dept. of Treasury where he worked, collapsed also, but by that time Daniel was safely in New Jersey with only vivid and horrendous memories.

"He said what affected him most were the people who jumped, " his sister said.

Glenda said the entire family was very proud of Daniel's efforts, but that it wasn't really a surprise. "We know how he is, he'd be trying to help," she said. "They recognized that he kept going back trying to help people. I really relate to that since I work in a hospital."

Twenty-seven year old Daniel Hughes was awarded the Medal of Valor in a ceremony August 20 in New York City, along with others from the Dept. of Treasury who performed significant, unselfish acts on Sept. 11. Along with Glenda, Daniel's wife Kirsten, parents, Dorothy and Michael, and other family members were in attendance.

Daniel, who has been with the Secret Service since 1999, hopes to transfer to the White House after his tour is finished in New York.

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inspection, Casey said staff education began shortly after she was hired last January.

"It's an ongoing process," Casey said. "There was a lot of staff education. We had to let them know what the site visitors would be looking for and what they would be expecting."

The inspection team reviewed more than 150 trauma charts, conducted on-the-spot interviews with emergency room staff, reviewed physicians' credentials and observed how trauma patients were cared for in the emergency room.

"They really looked at the processes that are in place to ensure every trauma patient gets the highest quality of care," Casey said.

The Director of the Department of Health, Janet Griffith, announced in a press release that Madigan is officially designated as a Level II Trauma Center.

"In accordance with the established process authorized by Revised Code of Washington, it is evident that Madigan is capable of providing this level of care," she said. "Madigan's commitment to providing trauma care is commendable."

Tacoma General and St. Joseph hospitals are also level II designated medical centers. Harborview Medical Center in Seattle, Wash., is the only Level I designated hospital in the state.

To be designated as a level I, a medical center must have all sub-specialty physicians available to provide care at all times. Additionally, level I designations often have larger research programs that are funded by the state to do trauma research.

Major trauma is defined as a major single or multi-system injury requiring immediate medical or surgical attention or treatment to prevent death or permanent disability. Trauma is the leading cause of death for all people under age 44, and the leading cause of disability for all people under age 65.

Each year, Madigan's emergency room staff provides care to hundreds of military and civilian trauma patients.

"Before Tacoma General and St. Joseph hospitals reopened their trauma rooms, Madigan saw about 500 traumas a year," Casey said. "Now, we see about 300 traumas a year and about half of those are civilian emergencies."

According to Casey, geographical boundaries determine which hospital a patient will be transported to.

"Basically, the patient is brought to the nearest hospital. However, we do try to use boundaries. Madigan's boundaries are from highway 512 on the northern boundary to the Thurston County line for the southern boundary. East boundary is highway 7 and all the way west to Puget Sound," explained Casey.

Madigan is one of only three U. S. Army hospitals designated as a level II trauma center. The other two hospitals are Brooke Army Medical Center located in San Antonio, Texas and William Beaumont Army Medical Center located in El Paso, Texas.